

AMENDMENT TRANSMITTAL LETTER				Docket No. 04079/100H629-US2																																											
Application No. 09/981,684		Filing Date October 17, 2001		Examiner K. Thangavelu																																											
Art Unit 2123																																															
Applicant(s): Maria-Grazia Ascenzi																																															
Invention: SYSTEM AND METHOD FOR MODELING BONE STRUCTURE																																															
<p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>50</td><td>- 20 =</td><td>30</td><td>x 25.00</td><td>750.00</td></tr><tr><td>Independent Claims</td><td>2</td><td>- 3 =</td><td></td><td>x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify): Extension for response within third month; Notice of appeal</td><td>760.00</td></tr><tr><td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td><b>1,510.00</b></td></tr></tbody></table> <p><input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,510.00</u> to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <p align="right">Dated: <u>August 19, 2005</u></p> <p><u>Denise L. Poy</u> Attorney Reg. No.: 53,480</p> <p>DARBY &amp; DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7766</p>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	50	- 20 =	30	x 25.00	750.00	Independent Claims	2	- 3 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): Extension for response within third month; Notice of appeal					760.00	<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1,510.00</b>
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Express Mail Label No. _____ Dated: _____																																															



Attorney Docket No.: 04079/100H629-US2

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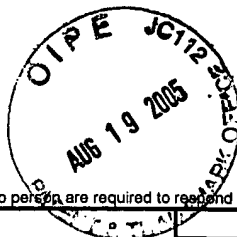
on August 19, 2005  
Date

Signature \_\_\_\_\_

Typed or printed name of person signing Certificate

Telephone Number

Fee Transmittal (1 page);  
6 Sheets of Drwgs. (Figs. 3A-B, 4A-C, 5, 6A-C, 7A-B, 8A-D, 12A-B);  
Amendment After Final Action (37 C.F.R. Section 1.116) (32 pages);  
Amendment Transmittal Letter (1 page);  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1  
page);  
Information Disclosure Statement (1 page);  
List of References (1 page);  
2 NonPatent References;  
Return Receipt Postcard;  
Notice of Appeal (1 page); and  
Check No. 9496 for \$1510.00



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	09/981,684
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 17, 2001
		First Named Inventor	Maria-Grazia Ascenzi
		Examiner Name	K. Thangavelu
TOTAL AMOUNT OF PAYMENT		Art Unit	2123
(\$)		Attorney Docket No.	04079/100H629-US2
1,510.00			

**METHOD OF PAYMENT (check all that apply)**

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100		Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
50	- 20 = 30	x 25.00 =	750.00

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 =	x	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2253 Extension for response within third month	510.00
2401 Notice of appeal	250.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	53,480
Name (Print/Type)	Denise L. Poy	Telephone	(212) 527-7700
		Date	August 19, 2005

Express Mail Label No.

Dated: \_\_\_\_\_

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